Annual Report for the year	ar: 2 A	19				• • •
Corporation		· 1				
→ Filing period: January 1 - N → Filing Fee: \$50.00	larch 1					
→ Penalty. Additional \$25.00 fe	ee if form is not fil	ed by April 1.				
Entity ID Number	2. Exact name of	f the Corporation	<del></del>			
000059213	S.J.Da	ime, Inc	DBA	Allegra Pr	int & I	Magina
3 Principal Office Address	.1 d	- 1	City	_	State *	
41 Rocky	Hollow		1	Freen wich	RI	02818
4 NAICS Code	6. Brief description	on of the character	of business of	conducted in Rhode Isla	and	
322299	$\rho_{\rm cond}$	E	a dasc.			
5 State of Incorporation	דמניו	ing Fra	v Cuize			
Rhode Island	1			Ob 1- 4b	- 6 6	
7 List ALL officers (names and add President Name	Check the box to indicate an attachment ☐  Vice-President Name					
Joan V. Re	Stanley R Reuter					
Street Address 90 Jeffe	Street Address 90 Jefferson Drive					
City , State Zip			City, State, Zip			
East Greenwich RI 02818 Secretary Name			Fast Greenwich RI 02818			
Stanley	Joan Y Reater					
Street Address 90 Jefferson	Street Address 90 Tefferson Drive					
City Fact Green wich	State	Zip 02818	City Fact (	Prevenuoich	State	Zip 028/8
8. List ALL directors (names and ac	dresses)	1 0000.0		Check th	e box to indic	cate an attachment
Director Name Stanley R	. Reuter	,	Director Name	Joany, K	Ceuter	
Street Address	Street Address					
City 90 Tefferso	n Drive Stage		City	10 Jetterson	State	Zip
East Greenwich		2ip 02818	Director Name	Greenwich	State T	02818
Director Name				•		
Street Address	Street Address					
City	State	Z:p	City		State	Zip
9. Shares Authorized		10. Shares Issue	<u>.</u>	Chaal, th	a la anta da da dia	
This information is currently of recor	rd in the	NUMBER OF SE		CLASS/SERIES	e box to indic	eate an attachment  PAR VALUE
Department of State.	\$1.00 PAR	100	)	common		1.00
8,060 Comm Changes require an additional filing.	VALL		<del></del>	<u> </u>	1	1,00
11 This report must be executed or	n behalf of the corp	poration by an aut	horized repres	I sentative If the corpora	ition is in the	hands of a receiver or
trustee, this report must be execute Under penalty of perjury, I declar	ed on behalf of the	corporation by the	e receiver or ti	rustee.		
statements, and that all statemer	nts contained her	rein are true and	correct.	ncluding any accomp	anying sche	ouies and
Name of Authorized Representative	- 12 1	2 ,			Date	
	oan Y. F	Keuter			1/1/	19
Signature of Authorized Representa	ative	y Reu	<b>*P</b> _S _eES	CII ED ~	•	
	your	y ren	w	TILTU OL		<u></u>
MAIL TO: Division of Business Services		-		DHC A R MAI		
148 W River Street, Providence, Rhode	Island 02904-2615			JAN 0 4 2019		

FORM 630 - Revised: 10/2017

RI SOS Filing Number: 201983861390 Date: 1/4/2019 4:00:00 PM

State of Rhode Island and Providence Plantations

Phone: (401) 222-3040

Website: www.sos.ri.gov

**Department of State - Business Services Division**